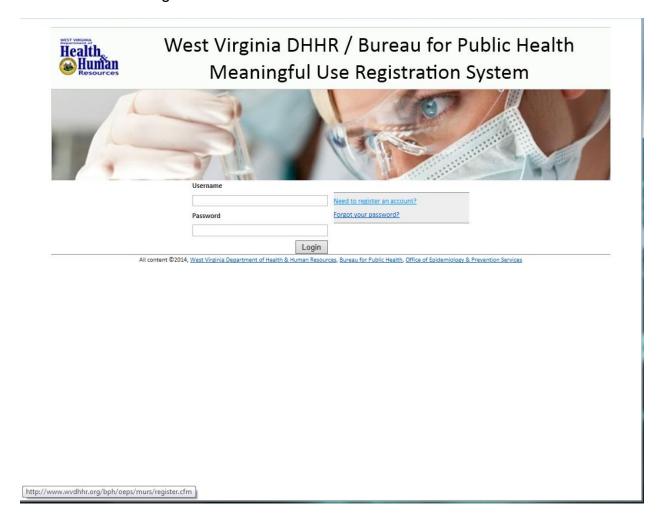
West Virginia Meaningful Use Registration System Instructions

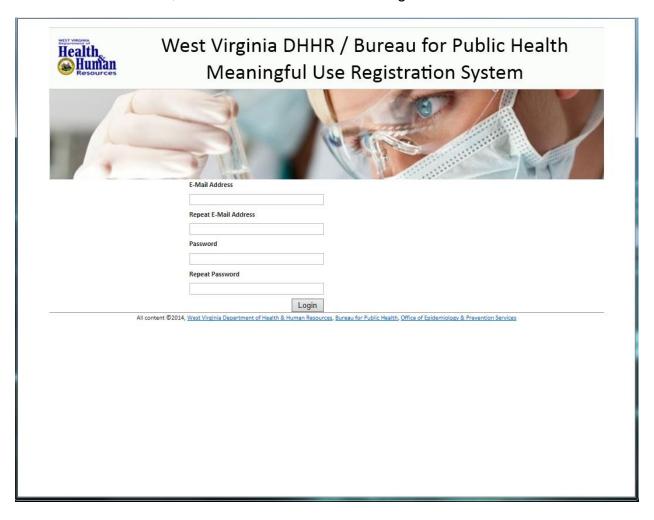
To register, go to:

http://www.wvdhhr.org/bph/oeps/murs/login.cfm

Click on "Need to register an account?"



Enter **e-mail** and your choice of **password**. A strong password has numbers, capital and lower-case letters, and is at least 8 characters long.



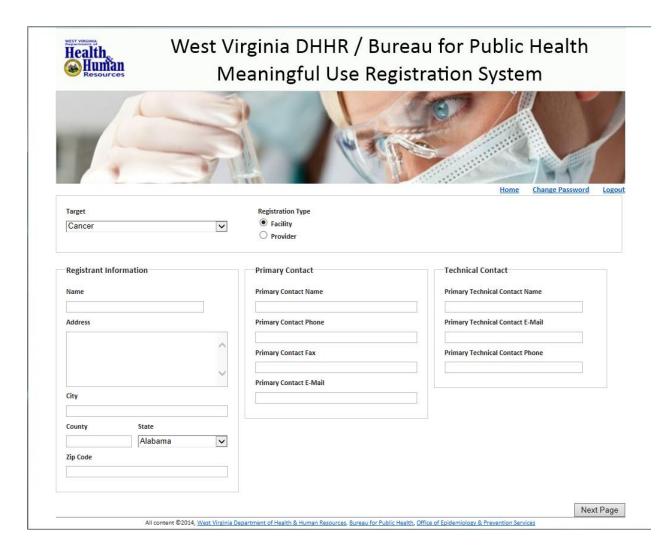


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The system will generate a confirmation e-mail.

Go to your e-mail, click on the link.

Log in and click on "New Registration".



In Target, choose "Immunization", "Cancer", "ELR", or "Syndromic Surveillance".

In **Registration Type**, choose Facility or Provider.

REGISTRANT INFORMATION

In **Name**, enter the name of the facility (if you chose facility above) or provider. For example, "Charleston Pediatrics" or "Dr. Ramona Sparks". This should not be the name of the person filling out the form.

Address is the street address.
City is City.
County is County.
State is West Virginia.
Zip Code is 5-digit zip.

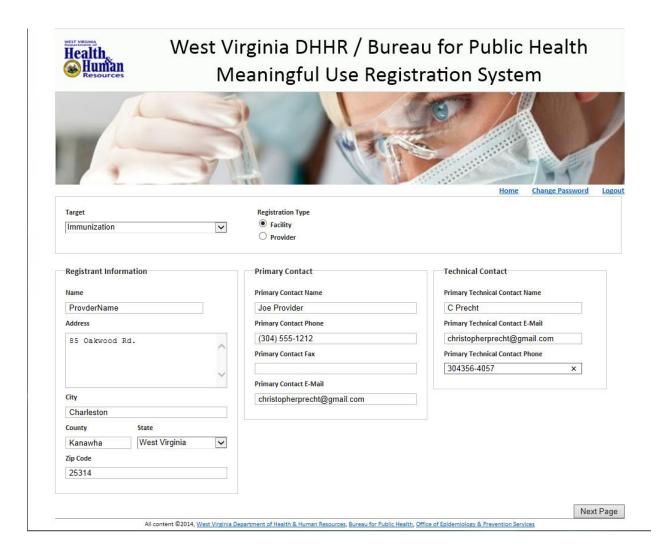
PRIMARY CONTACT

This is the name of the person to whom communications should be directed which may be the office manager, head nurse, or physician, etc.

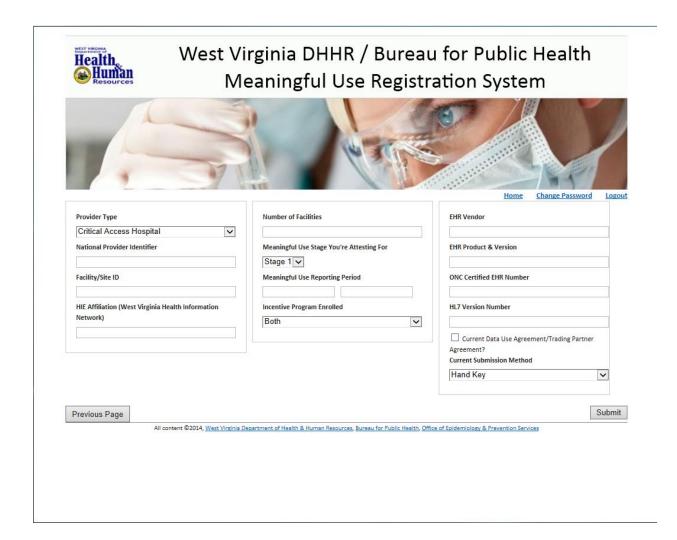
Revised on 2/24/2014

TECHNICAL CONTACT

In many instances, this will be the same as Primary Contact, if that person also is in charge of EHR. However, this may also be an IT Consultant, EHR sales or technical representative, or IT internal staff. This individual should have technical skills to configure the data transport route, transmit test files, etc.



Click "Next Page".



Provider Type: In the drop-down box, choose Eligible Professional, Eligible Hospital, or Critical Access Hospital.

National Provider Identifier: Meaningful Use attestation is tracked by the National Provider Identifier (NPI). The NPI number is used to link attestation information with the public health testing information for auditing purposes. If you are enrolling as an individual provider, please provide your National Provider Identifier number. If you are enrolling as a Group Practice and have a Group National Provider Identifier Number, provide that number.

Facility/Site ID: If you are registering for Immunization, this ID is provided by the WV Immunization Registry (WVSIIS). If you do not currently report immunizations, one will not have been assigned yet, and you may leave this field blank. If you are registering for Cancer, ELR, or Syndromic Surveillance, you may also leave this field blank.

HIE Affiliation: It is helpful to know if the provider belongs to a Health Information Network (HIE) in the event that the HIE is serving as the transport mechanism. The public health program can work directly with the HIE on transport issues.

Number of Facilities: Example: 1, 2, etc.

Meaningful Use Stage: Stage 1 or Stage 2

Meaningful Use Reporting Period: If you are enrolling for Stage 1, your reporting period will be the entire calendar year. If you are enrolling for Stage 2, you should enter the 90-day reporting period that you have chosen for 2014. The date format is mm/dd/yyyy format.

Incentive Program Enrolled: Medicare, Medicaid, or Both.

EHR Vendor: Provide your current EHR vendor name (example: Allscripts).

EHR Product & Version: (Example: Allscripts Enterprise EHR version 11.4.1)

ONC Certified EEHR Number: (example: 11212013-1892-1)
Check here: http://oncchpl.force.com/ehrcert?q=chpl

HL7 Version Number: For Immunization, ELR and syndromic surveillance reporting, this should be HL7 version 2.5.1. For Cancer, you may leave this field blank.

Checkbox: **Current Data Use Agreement/Trading Partner**. Record whether or not you have a Data Use Agreement or Trading Partner Agreement currently in place for the activity you have selected. For example, if you currently report data to the West Virginia Cancer Registry and have a specific Data Use Agreement in place, check this box. Otherwise, leave it blank.

Current Submission Method: In the drop-down box, choose hand key, not submitting, or upload flat file. This is helpful to determine if the provider needs to complete any user/data use agreements and provides the current status of the provider's reporting. If you currently do not report under the activity for which you are registering, or you are not sure, select "Not Submitting."

IMPORTANT: After completing all information, click the "Submit" button!





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As shown above, you should see a screen with the name of the facility/provider listed and the target you selected ("Immunization", "Cancer", "ELR", or "Syndromic Surveillance"), the date submitted, and a status of "In Review". The Primary Contact will receive an e-mail confirmation that the registration was saved.

You will eventually be contacted by an employee from the program you selected for further instructions.

If you will be reporting under multiple programs (example, Immunization and Cancer), you will need to repeat this process and select the second program.

If you have additional questions, please call the following for assistance:

Immunization / ELR / Syndromic Surveillance - (877) 408-8930 Cancer - (304) 356-4953